

Meeting Minutes CCR State/County Implementation Team

February 16, 2017, 3:00pm – 5:00pm
CBHDA
2125 19th Street, 2nd Floor, Sacramento, CA 95818
Call-in information: (712) 775-7035
Access code: 185254#

CBHDA	Melissa Jacobs	CPOC	Dan Morris	DHCS
Adrienne Shilton	Michael Schertell	Allen Nance	Diana Boyer	Dina Kokkos-Gonzales
Alfredo Aguirre	Michele Bennyhoff	Holly Benton	Dianna Wagner	Erika Cristo
Alison Lustbader	Paul Sorbo	Kathy Martinez	Giselle Mendoza	Karen Baylor
Bill Carter	Rebecca Slade	Rosie McCool	Jennie Pettet	Lanette Castleman
David Sackman	Rich Weisgal	Ruby Jones	Karen Richardson	Teresa Castillo
Dorian Kittrell	Robert Byrd	Valerie Thompson	Kim Giardina	Erika Cristo
Elaine Crandall	Shannyn McDonald	CFPIC	Lisa Sorensen	Karen Baylor
Emi Botzler- Rodgers	Terry Rooney	Danna Fabella	Marie Brown-Mercadel	Lanette Castleman
Gail Zwier	William Arroyo	Stuart Oppenheim	Marilynn Mann	Teresa Castillo
Jacqueline Coulter	Yael Koenig	CSAC	Marlene Hagen	EDUCATION
Jeff Rackmil	CDSS	Farrah McDaidd	Michelle Callejas	Anjanette Pelletier
Ken Epstein	Greg Rose	CWDA	Nancy Fernandez	Benay Loftus
Kim Suderman	Richard Knecht	Ayanna McLeod	Nenita Dean	Greg Rhoten
Kirsten Barlow	Sara Rogers	Cathi Grams	Nick Honey	Renzo Bernal
Marcy Garfias	Theresa Thurmond	Cathi Palatella	Theresa Peleska	Sam Neustadt

#	Topic	Notes & Comments
1	<p>New Jersey (NJ) Learning Exchange De-brief</p> <p>Lisa Witchey, CDSS</p>	<p>CDSS invited state leaders from NJ to come and provide a presentation about the 16 year journey to build a comprehensive statewide System of Care with strong community collaboration.</p> <p>The impetus was a lawsuit similar to Katie A, which required the return and placement of all the children in care out of state (approximately 600 children/youths).</p> <p>NJ used the Child Adolescent Needs & Strengths (adapted) assessment tool to determine the children/youths needs and strengths and inform placement, and then released a RFP to find providers best able to respond.</p> <p>NJ collapsed previously separate Welfare, Health and Behavioral Health Divisions into a single Statewide Integrated System of Care, shifted from a child welfare driven system to fund a Behavioral Health (BH) driven system and from a IV-E to Medicaid and state general fund match to fund the system, creating treatment facilities and treatment homes. This required a State Plan Amendment (SPA) and a Waiver.</p> <p>NJ developed a strong Child and Family Team process where family voice is the main driver and based on a crisis response model prioritizing the needs of the child/youth/family being met before removal is required, and includes state funding for services provided to non-Medicaid beneficiaries and/or services that do not meet medical necessity for Medicaid.</p> <p>CDSS is not suggesting that California (CA) try to implement the NJ model statewide. However, it would be good to explore how CA can use lessons learned and best practices from New Jersey to help innovate, leverage collaboration, develop tools, and provide flexibility to incentivize working together to achieve better outcomes.</p> <p>The CCR State/County Team was challenged to think about the approach (from programmatic, assessment and practice points of view) and not about funding at this</p>

	<p>time. Considering how NJ approached the development of placements/services for youth with complex needs.</p> <p>Richard said what allows the flexibility is NJ has blended funding so that those providing services don't have to figure out the funding streams. Richard and Kim both recommend that we need to have the planning and design discussion include funding as well, and not leave it for a later. Also, pointed out that NJ is a state run system ("one boss"). Counties will have an easier time replicating this model, as a few CA counties have done already.</p> <p>Bill mentioned the Milwaukee Wraparound Model http://wraparoundmke.com/ with blended funding (CWS, BH, education). There was a case rate so that children received service, didn't go into higher levels of care, and stayed in the community. Richard said that the Milwaukee model is a pure capitated rate and the provider does have risk.</p> <p>Stuart mentioned that it takes both CWS and BH to agree on the integration of funds. It would be good to create models that can be tested and shared with other counties.</p> <p>Discussion ensued about who takes the risk:</p> <p>Renzo said those in education are not as familiar with CWS so it would be helpful to know what services are in place and who is responsible for the services. The use of a common tool would help since there is nothing that is mandated in CA and NJ used a single assessment tool.</p> <p>Ken said it's hard to compare CA to NJ as the cost of living is much lower in NJ. There have been capitated models since the 1980's but the real question is- are we going to allow for innovation and flexibility?</p> <p>Sara said that the flexibility in child welfare is there already. What has been funded is the foster care rate but counties are able to discuss how they can spend their "savings" on other services and it comes down to the local decision makers.</p> <p>Stuart mentioned in San Mateo that their SOC used a cost avoidance model and the Departments were allowed to keep 50% of the "savings".</p> <p>Ken identified the need to look at how we can achieve outcomes vs process measures. Richard reminded that with MHSA and Realignment, counties already possess tools to create some of the services needed to mimic the New Jersey model.</p> <p>Stuart summarized the conversation by asking if there could be consideration by the state of a proposal to alleviate some of the administrative relief and have counties be held to outcomes. Richard said that there was administrative relief in the first County waiver many years ago, so there is precedent.</p> <p>Sara said that CDSS is interested in hearing what the counties see as barriers and would welcome a proposal. A general statement of flexibility isn't helpful; but it would be helpful to know specifically what is the regulatory barrier and where is the flexibility needed.</p> <p>Renzo asked if there was any way to leverage the required processes to have the discussions about what is needed. Karen said that there are no on-going groups but that groups come together to discuss the use of specific funding streams that require input.</p> <p>A suggestion was made to put this item on the agenda for the Regional Convenings: What are the struggles on the local level regarding developing collaborative/integrative</p>
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		<p>funding models?</p> <p>Richard and Kim have done a presentation that included shared governance structures. The feeling is that this would be helpful at the local level. Discussion about who should be part of the governing body; Agency Director, BH Director, Probation, Education and another suggestion that the Presiding Judge could be helpful.</p> <p>A suggestion was made to develop of a “Clearinghouse” for best practices.</p>
2	Coordinating state and county reviews of STRTP Program Statements	<p>Sarah said that ACL 17-14 is out, which details the CDSS Program Review Process. The letter asks for counties (CWS, Probation and BH) to provide input regarding concerns from the perspective of solving the problems that are identified. It allows for approving STRTP request from another county, but the host county should have the opportunity to review the Program Statement and provide feedback and request specifics regarding what was done to resolve the concerns.</p> <p>The goal is to build a process and culture for having a conversation. Ultimately the result would be a process for the state and county to coordinate and work together on responses. LA has created a review tool and CDSS is doing the same.</p> <p>Discussion regarding when counties disagree- who is the arbiter? The CDSS has the ultimate authority for approving so the question is how to resolve the different perspectives. Diana mentioned that it is not only the mental health services; its school, police, juvenile hall, hospitals, board of supervisors that are impacted by the presence of group homes in their communities.</p>
3	Implementation challenges/ unintended consequences of CCR	<p>Richard reminded the Committee of a concern that Ken shared previously about the smaller group homes that do not have the resources to make the conversion to Short-Term Residential Therapeutic Programs (STRTPs). In some counties those small providers make up the largest pool and are valued for their services.</p> <p>Stuart mentioned that at the Probation Meeting LA shared the “Nonprofit Sustainability Initiative.” Robert said LA is funding the upfront analyses for group homes to determine whether they should merge. Robert has a one-pager to share.</p> <p>Stuart suggested that the Co-investment Partnership might be able to fund something like this for the small group home providers through the development of a proposal of a “Sustainability, Adaption, Collaborative Initiative” funding technical assistance.</p>
4	Strategies for increasing CWS and Probation participation	<p>Nancy stated that the time of day is a factor in attendance at these meetings, making it difficult for those outside the area to be in Sacramento for a two hour meeting.</p> <p>It was suggested we might piggy-back every other month with CWDA committee meetings.</p> <p>Renzo suggested that the meeting be Webinars which would cut out the interference of phone noise and of people talking over one another.</p>
5	Other	<p>CDSS will provide a spreadsheet that shows where all the Providers are in the conversion process.</p> <p>Please submit your topics for the more in-depth discussions to Theresa.Thurmond@dss.ca.gov or Tracy.Urban@dss.ca.gov. These can be prioritized via a survey.</p>